



**Personal Information**

Membership Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facebook Name: \_\_\_\_\_ Instagram Name: \_\_\_\_\_

**Payment Information**

How are you paying? (please check one):

VISA: \_\_\_\_\_ MC: \_\_\_\_\_ DISCOVER: \_\_\_\_\_ AMEX: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Credit Card Information: Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you are paying by check, please attach a voided check to this form or provide the following:

Routing # (9 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

(Note: Routing numbers starting with 5 are invalid.)

**Membership (please check one):**

1 Month Special Unlimited, **NEW** Members Only : \$129.00 \_\_\_\_\_

Month-to-Month Unlimited, Individual: \$149.00 \_\_\_\_\_

Month-to-Month Unlimited, Couples (same household): \$270 \_\_\_\_\_

Month-to-Month Unlimited, First Responder, Full-time Student or Active Military Discount: \$119.00 \_\_\_\_\_

Other (Describe): \_\_\_\_\_

(Note: Proof required for discounted rates.)

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Payer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payer's Name (if different than above) : \_\_\_\_\_

I hereby authorize CROSSFIT LPF, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of my request for termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days notice). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify the Company, bank and their agents harmless from damage, loss or claim resulting from all authorization actions hereunder. Initial: \_\_\_\_\_